

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT** ▼Example: If typing, type  
over the lines

TENET HEALTHCARE CORPORATION PAC

ADDRESS (number and street)

13737 Noel Road, Suite 100

☐Check if different  
than previously  
reported. (ACC)

Dallas

TX

75240

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00119354

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2008

through

07

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Todd Plott

Signature of Treasurer

Electronically Filed by Todd Plott

Date

08

06

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TENET HEALTHCARE CORPORATION PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		25980.69
(b) Cash on Hand at Beginning of Reporting Period .....	20127.48	
(c) Total Receipts (from Line 19) .....	6229.78	36970.27
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	26357.26	62950.96
7. Total Disbursements (from Line 31) .....	1000.00	37593.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	25357.26	25357.26
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

TENET HEALTHCARE CORPORATION PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4752.28	19893.43
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	1477.50	17076.84
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	6229.78	36970.27
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	6229.78	36970.27
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	6229.78	36970.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6229.78	36970.27

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	23750.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	13843.70
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1000.00	37593.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	37593.70

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	6229.78	36970.27
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6229.78	36970.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

**A.**

Full Name (Last, First, Middle Initial)

ELIZABETH LAMKIN

Mailing Address 31 WICKLOW DRIVE

City

HILTON HEAD

State

SC

Zip Code

29928-3354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HILTON HEAD HOSPITAL

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR1025760419850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MITCH EDGEWORTH

Mailing Address 2613 RANCHVIEW DRIVE

City

RICHARDSON

State

TX

Zip Code

75082-5200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOCTORS HOSPITAL-DALLAS

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR1026318819850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

SHELLEY GILES

Mailing Address 3803 STOCKTON LN

City

DALLAS

State

TX

Zip Code

75287-4919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TENET HEALTHCARE CORPORAT-  
ION

Occupation  
DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR1479664419850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

**A.**

Full Name (Last, First, Middle Initial)

STEPHEN M MOONEY

Mailing Address 4619 BRIAR OAKS CR

City

DALLAS

State

TX

Zip Code

75287-7503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-  
ION

Occupation

SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR1481199219850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

THOMAS RICE

Mailing Address 15126 FERDINAND DR

City

DALLAS

State

TX

Zip Code

75248-6437

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-  
ION

Occupation

SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR1592856019850

Amount of Each Receipt this Period

114.00

P/R Deduction (\$38.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

CHARLES CONKLIN

Mailing Address 3901 HEARST CASTLE WAY

City

PLANO

State

TX

Zip Code

75025-2011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-  
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR1592857219850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

234.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

**A.**

Full Name (Last, First, Middle Initial)

RICKY JOHNSTON

Mailing Address 404 N.CHURCH ST

City

MCKINNEY

State

TX

Zip Code

75069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-  
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR1592858219850

Amount of Each Receipt this Period

90.00

P/R Deduction (\$30.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DANIEL WALDMANN

Mailing Address 2001 19TH STREET NW #5

City

WASHINGTON

State

DC

Zip Code

20009-1346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-  
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR1814798519850

Amount of Each Receipt this Period

240.00

P/R Deduction (\$80.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

MARK P LISA

Mailing Address 391 E MILGEO AVE

City

RIPON

State

CA

Zip Code

95366-2120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DOCTORS HOSPITAL OF MANTE-  
CA

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR2174141219850

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

405.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

**A.**

Full Name (Last, First, Middle Initial)

ROBERT J CUNNAH

Mailing Address 163 VILLAGIO WEST

City

PALM SPRINGS

State

CA

Zip Code

92262-6395

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DESERT REGIONAL MEDICAL  
CENTER

Occupation  
CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR2174361619850

Amount of Each Receipt this Period

150.00

P/R Deduction (\$50.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

DENNIS M LITOS

Mailing Address 3204 GREENGATE DR

City

MODESTO

State

CA

Zip Code

95355-8446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DOCTORS MEDICAL CENTER-MO-  
DESTO

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR2174541519850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JEFFERY FLOCKEN

Mailing Address 27 NEW DAWN

City

IRVINE

State

CA

Zip Code

92620-1976

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TENET HEALTHCARE CORPORAT-  
ION

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR2174567319850

Amount of Each Receipt this Period

300.00

P/R Deduction (\$100.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

510.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

**A.**

Full Name (Last, First, Middle Initial)

LARRY J AUSTIN

Mailing Address 14342 CLUB CIRCLE

City

ALPHARETTA

State

GA

Zip Code

30004-4361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTH FULTON REGIONAL HOS-  
PITAL

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR2202087219850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL HALTER

Mailing Address 111 RIGHTERS MILL RD

City

PENN VALLEY

State

PA

Zip Code

19072-1312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HAHNEMANN UNIVERSITY HOSP-  
ITAL

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR406763219850

Amount of Each Receipt this Period

57.00

P/R Deduction (\$19.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

HAROLD O ANDERSON

Mailing Address 4623 STANFORD AVE

City

DALLAS

State

TX

Zip Code

75209-3115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TENET HEALTHCARE CORPORAT-  
ION

Occupation  
SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

608.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407185019850

Amount of Each Receipt this Period

114.00

P/R Deduction (\$38.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

231.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

**A.**

Full Name (Last, First, Middle Initial)  
LEONARD ROSENFELD

Mailing Address 12213 PARK BEND DR

City State Zip Code  
DALLAS TX 75230-2364

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TENET HEALTHCARE CORPORAT-  
ION

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407201319850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
THOMAS WOLF

Mailing Address 2613 MILLINGTON DRIVE

City State Zip Code  
PLANO TX 75093-3560

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TENET HEALTHCARE CORPORAT-  
ION

Occupation  
MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407205119850

Amount of Each Receipt this Period

48.00

P/R Deduction (\$16.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
STEVE BROWN

Mailing Address 16 SARAH NASH CT

City State Zip Code  
DALLAS TX 75225-2072

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TENET HEALTHCARE CORPORAT-  
ION

Occupation  
EVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407210619850

Amount of Each Receipt this Period

300.00

P/R Deduction (\$100.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

408.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

**A.**

Full Name (Last, First, Middle Initial)

CRAIG E SIMS

Mailing Address 4515 MANNING LANE

City

DALLAS

State

TX

Zip Code

75220-6434

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-  
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407211619850

Amount of Each Receipt this Period

57.69

P/R Deduction (\$19.23 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

JOHN B MCDONALD

Mailing Address 2016 PEMBROKE AVE.

City

FORT WORTH

State

TX

Zip Code

76110-1236

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-  
ION

Occupation

VP & Asst. General Council

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407215819850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

ROBERT SMITH

Mailing Address 2723 LAKERIDGE

City

CARROLLTON

State

TX

Zip Code

75006-4723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-  
ION

Occupation

SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407220019850

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

192.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

**A.**

Full Name (Last, First, Middle Initial)

ROBERT S HENDLER

Mailing Address 11122 W RICKS CIRCLE

City

DALLAS

State

TX

Zip Code

75230-3032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-  
ION

Occupation

REGIONAL CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407222819850

Amount of Each Receipt this Period

150.00

P/R Deduction (\$50.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

GARY ROBINSON

Mailing Address 3030 MCKINNEY AVE #1701

City

DALLAS

State

TX

Zip Code

75204-7410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-  
ION

Occupation

DEPUTY GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407225819850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

DOUGLAS E RABE

Mailing Address 9923 CAPRIDGE DR

City

DALLAS

State

TX

Zip Code

75238-3469

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-  
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407227319850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL S HONGOLA

Mailing Address 6704 WESTMONT DRIVE

City

COLLEYVILLE

State

TX

Zip Code

76034-7263

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-  
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407227619850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM T MOORE

Mailing Address 3014 CASTLE PINES DRIVE

City

DULUTH

State

GA

Zip Code

30097-2039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ATLANTA MEDICAL CENTER

Occupation

MARKET CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407231819850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

MAXINE T COOPER

Mailing Address 19401 SANDPEBBLE CR

City

HUNTINGTON BEACH

State

CA

Zip Code

92648-2110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-  
ION

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407233319850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

**A.**

Full Name (Last, First, Middle Initial)

GARRY M OLNEY

Mailing Address 2708 ISLAND LEDGE COVE

City

AUSTIN

State

TX

Zip Code

78746-1982

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-  
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407234319850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

BARRY G WEINBAUM

Mailing Address 2670 HIDDEN VALLEY ROAD

City

LA JOLLA

State

CA

Zip Code

92037-4025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-  
ION

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407235319850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM C HENNING

Mailing Address 5415 STONE CANYON DR

City

FRISCO

State

TX

Zip Code

75034-2220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CENTENNIAL MEDICAL CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407244719850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

**A.**

Full Name (Last, First, Middle Initial)

JAMES D DORIS

Mailing Address PO BOX 2009

City

SANFORD

State

NC

Zip Code

27331-2009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CENTRAL CAROLINA HOSPITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407244819850

Amount of Each Receipt this Period

105.00

P/R Deduction (\$35.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

RALPH ALEMAN

Mailing Address 6301 COLLINS AVE #2608

City

MIAMI BEACH

State

FL

Zip Code

33141-4645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HIALEAH HOSPITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407245319850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

EDWARD SCHRECK

Mailing Address 245 HILLSIDE RD.

City

SOUTH PASADENA

State

CA

Zip Code

91030-1611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-  
ION

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407248219850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

**A.**

Full Name (Last, First, Middle Initial)

DAVID L ARCHER

Mailing Address 2594 HOCKSETT COVE

City

GERMANTOWN

State

TN

Zip Code

38139-6655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAINT FRANCIS HOSPITAL

Occupation

MARKET CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407250419850

Amount of Each Receipt this Period

120.00

P/R Deduction (\$40.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN L NEWMAN, MD

Mailing Address 11034 TIBBS STREET

City

DALLAS

State

TX

Zip Code

75230-3450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TENET HEALTHCARE CORPORAT-  
ION

Occupation

CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3072.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407257719850

Amount of Each Receipt this Period

576.00

P/R Deduction (\$192.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

ALAN R CASON

Mailing Address 112 GOLDEN PHEASANT ST

City

SLIDELL

State

LA

Zip Code

70461-3116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NORTHSHORE REGIONAL MEDIC-  
AL CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407263519850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

756.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

**A.**

Full Name (Last, First, Middle Initial)

GARY L HONTIS

Mailing Address 1855 SILVERWINGS CT

City

MORGAN HILL

State

CA

Zip Code

95037-9002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMMUNITY HOSPITAL OF LOS  
GATOS

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407266419850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

MICHELE C MEYER

Mailing Address 230 GRIMSLEY STAT BLUFF

City

SAINT LOUIS

State

MO

Zip Code

63129-5030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DES PERES HOSPITAL

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407268519850

Amount of Each Receipt this Period

57.00

P/R Deduction (\$19.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

PAUL D ECHELARD

Mailing Address 1167 HILLSBORO MILE#614

City

HILLSBORO BEACH

State

FL

Zip Code

33062-1618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TENET HEALTHCARE CORPORAT-  
ION

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407270919850

Amount of Each Receipt this Period

57.69

P/R Deduction (\$19.23 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

174.69

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

**A.**

Full Name (Last, First, Middle Initial)

CRAIG C ARMIN

Mailing Address 23510 BERDON STREET

City

WOODLAND HILLS

State

CA

Zip Code

91367-3004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-  
ION

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407274119850

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

KENT G CLAYTON

Mailing Address 3 TURTLE BAY DRIVE

City

NEWPORT BEACH

State

CA

Zip Code

92660-4266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PLACENTIA LINDA HOSPITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407278119850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

CANDACE MARKWITH

Mailing Address 980 ISABELLA WAY

City

SAN LUIS OBISPO

State

CA

Zip Code

93405-6186

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SIERRA VISTA REGIONAL MED-  
ICAL CENTER

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR407280319850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

195.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 23

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

**A.**

Full Name (Last, First, Middle Initial)

MICHELE M FINNEY

Mailing Address 21521 TURTLEDOVE STREET

City

TRABUCO CANYON

State

CA

Zip Code

92679-3486

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LOS ALAMITOS MEDICAL CENT-  
ER

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

Transaction ID: PR407283919850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)**B.**

Full Name (Last, First, Middle Initial)

EDWARD MESCO

Mailing Address 7365 NW 54TH STREET

City

LAUDERHILL

State

FL

Zip Code

33319-6346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-  
ION

Occupation

DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

Transaction ID: PR839477819850

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Bi-  
Weekly)**C.**

Full Name (Last, First, Middle Initial)

AUDREY T ANDREWS

Mailing Address 702 PENFOLDS

City

COPPELL

State

TX

Zip Code

75019-4544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-  
ION

Occupation

SVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

Transaction ID: PR840566919850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

SUBTOTAL of Receipts This Page (optional) .....

195.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

**A.**

Full Name (Last, First, Middle Initial)

VIOLETA L MAZZELLA

Mailing Address 8816 CANYON LANDS DRIVE

City

PLANO

State

TX

Zip Code

75025-4221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-  
ION

Occupation

MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR841454319850

Amount of Each Receipt this Period

48.00

P/R Deduction (\$16.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

ANASTASIA B HUINER

Mailing Address 614 EAST ALAMAR AVE.

City

SANTA BARBARA

State

CA

Zip Code

93105-2946

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-  
ION-HQ

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR841557819850

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

SUZANNE KOZEL

Mailing Address 161 MEADOW RIDGE LN

City

CHAPEL HILL

State

NC

Zip Code

27517-8847

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ATLANTA MEDICAL CENTER

Occupation

DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR843980419850

Amount of Each Receipt this Period

57.90

P/R Deduction (\$19.30 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

145.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

**A.**

Full Name (Last, First, Middle Initial)

PATRICIA L BRAINERD

Mailing Address 5412 GLENSHIRE DR

City

PLANO

State

TX

Zip Code

75093-2800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-  
ION

Occupation

SR DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR844644419850

Amount of Each Receipt this Period

150.00

P/R Deduction (\$50.00 Bi-  
Weekly)

**B.**

Full Name (Last, First, Middle Initial)

IRENE CHAVEZ

Mailing Address 1340 LOMA VERDE

City

EL PASO

State

TX

Zip Code

79936-7811

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TENET HEALTHCARE CORPORAT-  
ION

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR846339319850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**C.**

Full Name (Last, First, Middle Initial)

JAMES CLEMENTS

Mailing Address 30313 Golf Crest Lane

City

Woodstock

State

GA

Zip Code

30344

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SOUTH FULTON MEDICAL CENT-  
ER

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 8

Transaction ID: PR849790219850

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-  
Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

270.00

**TOTAL** This Period (last page this line number only) .....

4752.28

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

Citizens for Arlen Specter

Mailing Address 734 Seventh Street, SE

City  
Washington

State  
PA

Zip Code  
20003

Purpose of Disbursement  
Void - Citizens for Arlen Specter

Candidate Name  
Arlen Specter

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District:

Transaction ID: 28156634

Date of Disbursement

07 / 08 / 2008

Amount of Each Disbursement this Period

-1000.00

Void - Citizens for Arlen Specter

B.

Full Name (Last, First, Middle Initial)

Citizens for Arlen Specter

Mailing Address 734 Seventh Street, SE

City  
Washington

State  
PA

Zip Code  
20003

Purpose of Disbursement  
Specter, US Senate, PA, S1

Candidate Name  
Arlen Specter

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District:

Transaction ID: 28157606

Date of Disbursement

07 / 08 / 2008

Amount of Each Disbursement this Period

1000.00

Specter, US Senate, PA, S1

C.

Full Name (Last, First, Middle Initial)

Friends of Mary Landrieu

Mailing Address PO Box 63

City  
Kenner

State  
LA

Zip Code  
70063

Purpose of Disbursement  
Mary Landrius, US Senate

Candidate Name  
Mary Landrieu

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District:

Transaction ID: 28314335

Date of Disbursement

07 / 28 / 2008

Amount of Each Disbursement this Period

1000.00

Mary Landrius, US Senate

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

1000.00